

Central Intelligence Agency Information and Privacy Coordinator Washington, DC 20505 Fax (703)613-3007

FREEDOM OF INFORMATION ACT - CERTIFICATION OF IDENTITY

Privacy Act Statement: In accordance with 32 CFR Section 1901.13 personal data to identify the individual submitting requests by mail or by Facsimile under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this form is to ensure that the records of individuals are not wrongfully disclosed by Central Intelligence Agency (CIA). Requests will not be processed if all of this information is not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 552a(i)(3).

Your Name (Last, First, Middle) - Mr/Mrs/Ms: Nicholas Maritz
Current Mailing Address: yo MuckRock, AllA Highland Ave., Smerville, MA 02/14
Phone:
Subject's Full Name (Last, First, Middle): Mc Cord Jr., James Walter
Any Other Names Used?
Date of Birth: 01/26/1924 Place of Birth (City, State/Country): Waurika, OK, USA
Month Day Year
Date of Death: 06 / 15 / 20 Place of Death (City, State/Country): Douglassville, PA, USA
Month Day Year
SUBJECT'S CITIZENSHIP STATUS (Please Check One)
VIN Citizen Social Security Number ¹
OR
Other Country:
Specific Records of Interest: all records relating to Mr. McCord
COMPLETE THIS SECTION IF YOUR SUBJECT IS LIVING
<u>Authorization to Release Information to Another Person:</u> This section is to be completed by a requester who is authorizing information relating to him/herself to be released to another person. Further, pursuant to 5 U.S.C. 552a(b), I authorize the CIA to release any and all information relating to me to the following:
Print name and address to who records should be released
Subject's Signature: Date:

¹ Providing your subject's social security number is voluntary. You are asked to provide the social security number only to facilitate the identification of records. Without the social security number, we may be unable to locate any or all records.